

**Provider Type 37 Intravenous Therapy (TPN)  
Reimbursement Rates**

Updated: October 28, 2010

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**Note:**

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

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[Modifier List](#)

Proc Code	Description	Mod	Rate
96401	CHEMO, ANTI-NEOPL, SQ/IM		44.36
96402	CHEMO HORMON ANTINEOPL SQ/IM		38.61
96409	CHEMO, IV PUSH, SNGL DRUG		103.41
96411	CHEMO, IV PUSH, ADDL DRUG		59.81
96413	CHEMO, IV INFUSION, 1 HR		146.06
96415	CHEMO, IV INFUSION, ADDL HR		32.87
96416	CHEMO PROLONG INFUSE W/PUMP		157.06
96417	CHEMO IV INFUS EACH ADDL SEQ		71.36
96523	IRRIG DRUG DELIVERY DEVICE		23.70